

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

ATTORNEY'S
 DOCKET NUMBER
P05,0116

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint
 inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is
 sought on the invention entitled:

"MANAGING A CONTROL VARIABLE FOR A PRINTING SYSTEM BY MEANS OF A DATABASE"

- the specification of which (check only one item below):
- ☐ is attached hereto.
- ☐ was filed as United States application
 Serial No. _____
 on _____
 and was amended
 on _____ (if applicable).
- ☒ was filed as PCT international application
 Number PCT/EP2003/011959
 On October 28, 2003
 and was amended under PCT Article 19
 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including
 the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in
 accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for
 patent or inventor's certificate or of any PCT international application(s) designating at least one country other
 than the United States of America listed below and have also identified below any foreign application(s) for
 patent or inventor's certificate or any PCT international application(s) designating at least one country other
 than the United States of America filed by me on the same subject matter having a filing date before that of the
 application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 50 189.0	October 28, 2002	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (If any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint all Attorneys identified by United States Patent & Trademark Office Customer Number **26574**, who are all members of the Firm Schiff Hardin LLP

Send Correspondence to:

SCHIFF HARDIN LLP
Patent Department
6600 Sears Tower, Chicago, Illinois 60606-6473

Direct Telephone Calls to:
Brett A. Valiquet
(312) 258-5786

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME KAMMERLOCHER	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Zorneding	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Ingelsberger Weg 36	CITY D-85604 Zorneding	STATE & ZIP CODE/COUNTRY Germany
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME OSZWALD	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Boschetsriederstr. 132	CITY D-81379 München	STATE & ZIP CODE/COUNTRY Germany

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

Combined Declaration For Patent Application and Power of Attorney (Continued)

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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MEDER	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME
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2 0 5	FULL NAME OF INVENTOR	FAMILY NAME SCHWARZMÜLLER	FIRST GIVEN NAME Andreas	SECOND GIVEN NAME
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME GRAF	FIRST GIVEN NAME Waldemar	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Ingolstadt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Gutenbergstr. 46	CITY D-85055 Ingolstadt	STATE & ZIP CODE/COUNTRY Germany

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Erikaweg 8	CITY D-85586 Poing	STATE & ZIP CODE/COUNTRY Germany
2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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